

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030572

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7159

STATE FILE NUMBER

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

c. CITY

OR TOWN

ST. LOUIS

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

ST LOUIS CITY HOSP. #1

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

1315^a N. 14th ST.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

CLAY

Middle

Last

TATE

4. DATE OF DEATH

Month

Day

Year

7

6

63

5. SEX

MALE

6. COLOR OR RACE

colored

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-12-24

9. AGE (last birthday)

38 yrs

IF UNDER 1 YEAR

Months Days Hours Min.

8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

SPARKMAN, ARK.

11. BIRTHPLACE (City and state or country)

U.S.A

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

DAVID TATE

13b. MOTHER'S MAIDEN NAME

VICIE

14. NAME OF HUSBAND OR WIFE

ANNIE M. PHILLIPS 1315^a N. 14th ST.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes WORLD WAR 2

16. SOCIAL SECURITY NO.

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17. INFORMANT

ANNIE M. PHILLIPS 1315^a N. 14th ST.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

chronic myocarditis, cause unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

422.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Obstructive Pulmonary Emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/25/63 to 7-6-63 and last saw her him alive on 7-6-63. Death occurred at 4:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

A. F. Walton M.D.

(Degree or title)

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

7-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

7-12-63

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL CEM.

23d. LOCATION (City, town, or county)

JEFF. BARRACKS MO

24. FUNERAL DIRECTOR

A. F. WALTON 2707 STODDARD ST.

ADDRESS

25. DATE RECD. BY LOCAL REG.

JUL 10 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

STEIN

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address

1123 M. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.